

Local SNS Management Infrastructure

All plans should address fundamental human resource staffing matters for dispensing sites. It is critical to have experienced support personnel identified by name and position.

| Question | Considerations/Explanations | Yes | No | N/A | Comments |
|--|---|-----|----|-----|----------|
| Are adequate "core management" personnel identified by name and position in an appendix to your local plan? | The essential personnel should include persons such as admin, PIO, health officer, security, etc... Alternates or provisions for their designation should be included. | | | | |
| Are the primary and secondary contacts for the activation of the EDS(s) identified by name and position in an appendix to your local plan? | These 24/7 contacts would not be EDS managers - they would be the people the state Department of Public Health (DPH) would call to stand up an EDS. These people may be from local health or emergency management. These contacts may be the same for more than one EDS location in your community. | | | | |
| Are the location(s) for your EDS(s) identified in your local plan? | The Emergency Dispensing Site (EDS) is the location(s) that the state will transfer SNS assets for further distribution to residents. | | | | |
| Do you have enough personnel to staff your EDS(s)? If so, how many personnel and for how long a commitment? | A contact database should be developed in order to efficiently pull together staffing schedules upon activation of an EDS. | | | | |
| Is there a site manager/security representative identified by name and position in an appendix to your local plan? | These people would be charged with assuming custody of SNS assets upon delivery to the EDS by the Massachusetts Department of Public Health (DPH). Signatures of BOTH individuals will be required on the Medical Materiel Transfer of Custody form upon delivery. | | | | |
| Is there a dispensing coordinator (preferably a pharmacist) identified by name and position in an appendix to your local plan? | This is the person who is responsible for overseeing dispensing of pharmaceutical products to patients. | | | | |

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| Is there a communications coordinator identified by name and position in an appendix to your local plan? | This is the person who has overall responsibility for all communications support under your local plan. Activation of internal call-down and protocol for contact of community partners, the media and the public will be handled by this person, as well as maintaining a list of personnel registered on the Health and Homeland Alert Network (HHAN). |
| Is there a security contact identified by name and position in an appendix to your local plan? | This person is ultimately responsible for coordinating and managing all security functions regarding receipt, distribution and dispersement of SNS assets at the local level. This individual should be a law enforcement officer with managerial authority. Security would be not only for SNS assets but also for crowd control and worker safety at distribution sites. This person does NOT have the be the security representative present at the EDS; rather, it should be the point of contact at, for example, the local police department, who would in turn activate the appointment of security personnel to the EDS(s). |
| Is there a training coordinator identified by name and position in an appendix to your local plan? | This person is responsible for overseeing all training functions with regards to SNS asset receipt, distribution and dispersement under the local plan. This person would also be in charge of implementing "just in time" training. |
| Does your local plan ensure that all core leadership individuals are connected to the EDS and to each other by pager or cell phone? | This plan should identify what types of communication equipment is to be used, how core leadership will use the communication equipment and how they will be isolated from unnecessary calls. |
| Does your plan detail contact information for your regional Massachusetts Emergency Management Agency (MEMA) office? | Has linkage to the regional MEMA Emergency Operations Center (EOC) already been established by agencies in your municipality? Are those staff involved with the activation of the EDS aware of the protocol and procedures in regards to communication with the regional MEMA EOC? |

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| Does your local plan accommodate and make provisions for coordinated planning across functional areas? | This component of the plan should accommodate integration of various agencies and departments in order to cooperate under specific sections of the plan. |
| Does your local plan have redundancy designed into it at all levels? | Do you have alternates named by name or position in the event of the absence of primary/principal personnel and do you have alternative locations, procedures, communication, etc... identified in your local plan? |
| Does your local plan have local transportation/food service pre-identified and contracts/agreements in place? | Do you have agreements executed and in place for use of outside contractors -i.e. government entities (city utilities, etc...), bus companies for those using staging areas, food service facilities (local grocers, caterers, etc.) to feed EDS personnel - to facilitate reception of SNS assets? |
| Does your local plan ensure that a contact roster for team members is current and maintained? | Considerations include how often the roster is updated, how often is it tested to ensure that phone numbers/pager numbers/cell numbers are current and correct and a test of time that it takes for persons called to respond. |
| Does your local plan identify who initiates the call list and how team members respond back? | If only specific individuals can activate the call list, what happens if those individuals are unavailable? Does your plan address how to avoid multiple callouts? |
| Does your local plan have the means for prophylaxis planned for all team volunteers and their immediate families? | This is a priority so that personnel will respond to an actual event; the dispensing to these critical personnel and their immediate families should be well briefed on this process. Beyond the local EDS team, are there provisions for prophylaxis of key partners and personnel? Who are the "essential personnel" in your community? |
| Does your local plan provide for having current necessary credentials verified and on file for all team members? | Who is responsible for maintaining records/copies of current credentials (nursing licenses, EMT certifications, etc...), how are these files maintained and how often are they updated/reviewed for currency? |

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| Does your local plan address the sign-in of personnel/volunteers as they come in? | Is there a format for issuing credentials to personnel/volunteers that may not otherwise have identification under the plan? Does your plan include a template for check-in/check-out of personnel? |
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[NAME OF CONTACT FOR THIS INFO]

Local SNS Logistics Issues

This item deals with the logistical management of receipt, inventory control, storage and distribution of components of the SNS when accepted from state or federal authorities by the local SNS team.

| Question | Considerations/Explanations | Yes | No | N/A | Comments |
|---|---|-----|----|-----|----------|
| Are staff identified and named in the local plan for receipt of SNS medical materiel? | Do you know how many people will be available/necessary if you have to send personnel to the EDS? | | | | |
| Has an inventory control coordinator and have staff been identified in the local plan by name and position? | These are the personnel responsible for inventory maintenance, stock control and reordering. | | | | |
| Has appropriate training for the inventory control team been conducted and evaluated for effectiveness? | A training program should be developed to ensure that an effective inventory control plan is in effect and is workable. | | | | |
| Are receiving site(s) within the EDS(s) pre-identified and designated in your local plan? Have you informed DPH about the delivery conditions of your EDS(s)? | Do you have sufficient space to receive SNS assets? What size truck can deliver to your EDS(s)? Do you have a working loading dock? Access to pallet jacks (perhaps via public works?) | | | | |
| Has site security for storage and staging sites been pre-arranged and evaluated with local law enforcement? | Is the site secure 24/7? One option could be co-location of a storage or staging site at in a nearby building. Local needs assessments should be conducted to evaluate availability of law enforcement staff in consideration of total EDS security and other emergency responsibilities. | | | | |
| Has security for EDS(s) been evaluated? | Security should be evaluated by law enforcement and security plans for the receiving site(s) should be tested for inadequacies. | | | | |
| If cold storage for SNS assets is required, does your secure site have cold storage (walk-in refrigerator, free standing refrigerators, etc... that can be locked)? | One option is to execute an agreement with local appliance stores (Sears, Best Buy, etc.) to borrow/buy needed refrigeration or lease/borrow of refrigerated trucks. | | | | |

Local Dispensing of the SNS

This item deals with the ability to dispense components of the SNS to the public at the treatment sites by the local SNS team.

| Question | Considerations/Explanations | Yes | No | N/A | Comments |
|---|---|-----|----|-----|----------|
| Does the local plan ensure that local dispensing sites are pre-determined, selected and identified in the plan? | This includes parking considerations, traffic flow, etc.... Will you have off-site parking and bus clients in? Who are the key contacts to activate 3rd party sites and to open these sites? | | | | |
| Does the local plan ensure that sites identified are readily accessible to all? | Who is your staff? Family members of county employees, sheriff's, police, fire, EMS, hospitals, mental health, red cross, city employees, volunteers, etc... Who are your patients? This may also include special populations, demographics, etc. | | | | |
| Does the plan allow for adults to pick up prophylaxis/medication for other household members? | Prophylaxing by household as opposed to every individual would shorten queues at EDSSs. The individual would need the ages and weights of children in his/her household to expedite the dispensing process. | | | | |
| Does the local plan include a queuing plan and is it in place? | How will people be asked to queue for dispensement of SNS assets at the treatment sites (by address, telephone number, alphabetically, "first come, first served," etc...)? Coordination with law enforcement and media is necessary for any cueing function. | | | | |
| Has the local plan ensured that enough chairs, tables, scales, etc. will be available onsite for dispensing local SNS assets? | Where will you get your supplies from? Who is in charge of copying information sheets? How is a request of supplies handled? | | | | |
| Has the local plan ensured that pertinent staff is trained to gather medical information? | Staff should be familiar with all forms to be used at dispensing and treatment sites. Training should be conducted on proper methods of gathering required patient information using the approved forms. | | | | |

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| Does the local plan include provisions to provide services to populations with special needs? | Does the local plan address how homebound or institutionalized persons will receive pharmaceuticals? How will undocumented persons not only be encouraged to receive dispensed medications, but also receive appropriate screening and documentation of pharmaceutical receipt? Do you know the foreign languages spoken in your community? Are relevant EDS handouts translated? Is at least one EDS in your community ADA compliant? How would EDS staff communicate with individuals who are deaf or hard of hearing? How would EDS staff present information to an individual who is blind? Do you have a plan to deal with any behavioral health issues that may be presented by individuals at an EDS? |
| Does the plan ensure that security is pre-determined and rapidly in place for local dispensing sites? | This plan should be coordinated with local law enforcement and should be tested for inadequacies. |
| Do you have an agreement with a medical waste company in the case of syringe use at an EDS? How often will they pick-up? | Does the local plan address the disposal/removal of medical wastes? Is a contract/agreement in place with a local provider? |

[NAME OF CONTACT FOR THIS INFO]

Local Treatment Centers

This item deals with the identification and readiness of local treatment centers (hospitals, clinics, etc.) to receive casualties and the epidemiological reporting at the treatment centers.

| Question | Considerations/Explanations | Yes | No | N/A | Comments |
|--|---|-----|----|-----|----------|
| Has the local plan identified treatment centers for symptomatic casualties (e.g., hospitals, clinics, etc.) by name and location? | This is where symptomatic/sick will be transferred for care. These can be hospitals, clinics, nursing homes, field hospitals/clinics, dormitories, etc. | | | | |
| Will there be on-site triage? If not, will people be directed to triage sites? Does your local plan address how will sick/symptomatic be transferred to the treatment center and to which one? | If triage is to be performed off-site, are these triage sites pre-identified in the local plan, are the receiving treatment sites pre-identified and is a method for patient transfer identified? Where is triage located if off site parking and transportation is used to distribution sites? | | | | |
| Does the local plan identify alternate treatment centers and have they been pre-surveyed for use? | Are alternate locations identified if need arises such as unavailability of primary sites, hospitals reaching capacity, overflow, etc...? | | | | |
| Has the local plan accounted for and made available provisions for a communication system and communication means dedicated for all treatment sites to communicate with the incident command or local emergency operations center? | This should be a dedicated system to enable treatment center coordinators to communicate directly with the incident command or the local emergency operations center. | | | | |
| Does the local plan identify a treatment site coordinator by name or position at treatment site who would communicate with the incident command? | Who are your clinic coordinators? How do they relay requests to local SNS coordinator? | | | | |

Local Communication Requirements

This item deals with the ability of the EDS(s) to communicate effectively during operations.

| Question | Considerations/Explanations | Yes | No | N/A | Comments |
|---|--|-----|----|-----|----------|
| Has the local plan ensured that a reliable communication system is available and issued to all critical personnel and sites? | Where do personnel go to get secure communications equipment for all sites? | | | | |
| Has the local plan ensured that back-up and redundant communication systems are identified and available? | If one system fails or is insufficient, is there a backup or ancillary system that can be easily put into place? | | | | |
| Does the local plan ensure that confirmed radio frequencies are identified in the plan? | Are the secure frequencies both verified and tested regularly? | | | | |
| Does the local plan ensure that all personnel with communication responsibilities are trained in and understand communication requirements? | A training program should be developed to ensure that an effective communication plan is in effect and is workable. | | | | |
| Does the local plan ensure or make provisions for an adequate number of cell phones, walkie-talkies, pagers, spare batteries and re-charging units to be available? | Where are radios, cell phones and pagers to be drawn from when the local plan is activated and how will necessary communications equipment be issued? | | | | |
| Does your existing communication infrastructure (cell phones, pagers, etc) work inside your EDS facility? | What type of communication do you plan to use inside your EDS? Does your plan provide a redundant communication infrastructure in case the primary system fails? | | | | |
| How are communications handled between various EDS(s), the local emergency staff and incident command? | Is there a plan to segregate communication frequencies? Will conference calls be regularly scheduled? Will there be communication via e-mail or the internet? | | | | |

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| Who is your Public Information Officer (PIO)? Do you have pre-scripted messages for delivery? Who will feed the PIO information? Where will the media set up? | The PIO and alternate PIO should have pre-scripted messages prepared and should practice delivery to the media. Has your PIO met with local media to assess both their needs during the activation of the local plan and how the PIO can use local media to deliver critical information to the public? Are prescribed messages in other applicable languages (e.g., Spanish)? |
| Are EDS(s) hardwired for extra phones and/or internet lines? | Can "analog" communication such as telephone, fax and internet access be easily increased to meet needs if necessary? |
| Did you include contact information for an information technology person in an appendix to your plan? | Computer and communications support are vital for the efficient functioning of an EDS. Is this person familiar with the Health and Homeland Security Network (HHAN), which would be utilized during a public health emergency? If no full-time person can be secured for each EDS shift, could this individual be "booked" on an on-call basis? |
| Do you have sufficient fax machines, copiers, computers, etc.? If not, do you have local agreements executed to rapidly procure them in sufficient quantities? | You may wish to contract with local office machine and computer dealers (Office Depot, Office Max, Best Buy, etc...) to rapidly procure copiers, fax machines and computers if necessary for various sites. |

[NAME OF CONTACT FOR THIS INFO]

Local Security Requirements

This item deals with the ability of the local plan to provide SNS team operations with appropriate levels of security.

| Question | Considerations/Explanations | Yes | No | N/A | Comments |
|---|--|-----|----|-----|----------|
| Does the local plan address back-up security measures and ensure that they are in place? | If one system fails or is insufficient, is there a backup or ancillary system that can be easily put into place? | | | | |
| Does the local plan provide for or require that formal security reviews, site assessments and vulnerability analyses have been conducted and are updated on a regular basis? | A formal and regular security review conducted by someone with law enforcement experience and familiar with the local plan is essential. These reviews should be conducted regularly on every security aspect of the local plan. Modifications to the local plan should be made based on changing security requirements. | | | | |
| Does the local plan address traffic control (e.g., parking, vehicular volume, pedestrian safety, etc.)? | Where will the public park? How will the public access dispersing sites? How will essential personnel access their assigned sites and where will they park? | | | | |
| Does the local plan address the need for direct, secure communication between the EDS and the Incident Command Post/Emergency Operations Center and ensure that it is available? | This is one area where secure, reliable, encrypted communication is essential and must be made available. | | | | |
| Does the local plan ensure that transportation and route security is pre-planned, exercised and updated regularly? | Transportation routes should be evaluated by law enforcement and security personnel and should be driven to verify for adequacy. | | | | |
| Do all venues have security (e.g., staging, parking, traffic, local distribution sites, triage sites, etc...)? Is your dedicated security force identified (e.g., sheriff's department, police, local police auxiliary, etc...) and do you know what your security personnel need levels are? | Who is your security force, where will they go and do you have enough to satisfy security requirements at these sites? | | | | |

Local Training, Evaluation and Exercise Requirements

This item ensures that the local SNS team is trained, exercises the local plan and that the local plan is evaluated appropriately. The plan should be modified periodically based on "lessons learned" from training, exercise and evaluation.

| Question | Considerations/Explanations | Yes | No | N/A | Comments |
|---|--|-----|----|-----|----------|
| Has formal communication training has been conducted for all members of the EDS team, including contractors? | Communications training, especially on methods (e.g., radio, alphanumeric pager, etc...), equipment and non-secure (non-encrypted) communication, should be conducted on a regular basis. Check to make sure cellular phones and hand-held radios work in the actual EDS facility - many buildings have structural materials/designs that preclude this communication. | | | | |
| Have you exercised your SNS/EDS plan, with immediate post-exercise feedback? | These exercises (workshop, functional, full-scale) should be held in conjunction with DPH and should include key management personnel, not only from the health department or agency, but all other functional organizations also (e.g., emergency management, law enforcement, fire, EMS, contractors, local hospital, etc....). | | | | |
| Are local plans constantly and regularly updated to reflect personnel changes, plan improvements and changes reflected by state and federal planning? | Plans should be reviewed annually and updated as needed to ensure accuracy and currency. Certain components of the plan such as appendices with call down rosters and essential personnel listings should be reviewed more often.. Are training packets or videos prepared and presented in new employee orientation in order to integrate them into the plan? | | | | |